



MONTANA PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION

100 North Park Avenue, Suite 200 ~ PO BOX 200131

Helena, MT 59620-0131

(406) 444-3154 or (877) 275-7372

Date_____

I have terminated or may terminate on _____.
Month/ Day/ Year

_____ I am considering retirement as of the first day of the month following my termination;

or

_____ I am waiting to retire on the first day of _____.
Month/Year

Please prepare estimates of the retirement options available as of these dates.

Name _____

Address/PO Box _____

City _____ ST _____ Zip _____

Birthdate _____ Phone Number _____

Social Security Number _____

(For ID purposes. Cite §19-2-403(7), MCA)

Beneficiary Information (for estimate purposes only)

Name _____

Birthdate _____

Relationship _____

Signature of Member

MPERA Use Only

_____ Telephone Request

_____ Staff initials